

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

10/009467

CLAIMS							
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						51	
2						52	
3						53	
4						54	
5						55	
6						56	
7						57	
8						58	
9						59	
10						60	
11						61	
12						62	
13		/				63	
14		/				64	
15		/				65	
16		/				66	
17		/				67	
18		/	/			68	
19		/				69	
20		/				70	
21		/				71	
22		/				72	
23		/				73	
24		/				74	
25		/				75	
26		/				76	
27						77	
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39						89	
40						90	
41						91	
42						92	
43						93	
44						94	
45						95	
46						96	
47						97	
48						98	
49						99	
50						100	
FAL						TOTAL IND.	
FAL						TOTAL DEP.	
FAL						TOTAL CLAIMS	

BEST AVAILABLE COPY